

Technology Center 2600



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

: Kenichi SUZUKI

Serial No.

09/757,547

For

OPTICAL DISC APPARATUS

Filed

January 10, 2001

Examiner

J. Ortiz

Art Unit

2655

745 Fifth Avenue New York, NY 10151 Tel. (212) 588-0800

EXPRESS MAIL

Mailing Label Number: ER 502446942

Date of Deposit: February 9, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, Mail Stop AF, Alexandria, VA 22313-1450 on February 9, 2004

Leeanne Lawlor

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

AMENDMENT UNDER RULE 116

Mail Stop AF

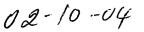
Commissioner for Patents Washington, D.C. 20231

Dear Sir:

Responsive to the Final Office Action which issued December 15, 2003, please consider the following amendment to the above-referenced application.









AF/2700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants

Kenichi SUZUKI

Serial No.

09/757,547

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450100-02931

FEB 1 2 2004

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Mail Stop AF COMMISSIONER FOR PATENTS Alexandria VA, 22313-1450

Transmitted herewith is an amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below.

This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

| (1) | (2) Claims remaining | (3) | (4) Highest number | (5) | (6) | (7) |
|--------------------|-------------------------|-------|--|---------------|----------|-------------------|
| | after amendment | | previously paid for | Present extra | Rate | Additional fee |
| Total claims | 10 | Minus | 20 = | 0 × | \$18(9) | = \$0 |
| Independent claims | 2 | Minus | 3 = | 0 × | \$86(43) | = \$0 |
| | | | Total additional fee for This amendment | | | \$0 |

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the highest number of total claims previously paid for is less than 20, write "20" in this space.

If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid _, or is paid herewith .

This response is being filed within the month following the expiration of the term originally set therefor.

This is a petition to request a **month** extension of time. A check covering the cost of the petition is enclosed.

A check in the amount of \$.00 is attached, which covers the cost of additional claims and -month petition

for extension of time.

Charge \$_ to Deposit Account No. 50-0320.

Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Date of Deposit:

February 9, 2004

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Alexandria, VA 22313-1450.

Leeanne Lawlor

(Typed of printed name of person majling paper or fee)

(Signature of person mailing paper or fee)

FROMMER LAWRENCE & HAUG, LLP Attorneys for Applicant(s)

By: Darren M. Simon Reg. No. 47,946 Tel. (212) 588-0800